

P L E A S E

P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

APR 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Debr	a Vanderbeek, Rober	t Clegg, Periklis Karou	itas, Leann Moccia
II. Name of lobbyist's parti	aership, firm or cor	poration, if any:	
Legislativ	e Solutions, L.L.C.		
(Name of partne	ership, firm or corporation)		
III. Name of Client			Date April 18, 2017
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Feltes	Dan	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	.00	Office Candidate i	s Seeking Senate
Full name of candidate:	(Last Name)	Democratic Caucus (First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.		, ,	s Seeking
	ibution on the line abov		ds or services provided, and enter the ution. If the actual cost is not known.
Full name of candidate:	McGilvray	Scott	(Middle Norre (Initial)
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	.00	Office Candidate is	s Seeking Senate

I. Name of Lobbyist(s)	Debra Vanderbeek, Ro	bert Clegg, Periklis	Karoutas, Leann Moccia
Name of lobbyist's partnership, firm or corporation, if any:			
Legisla	ative Solutions, L.L.C.		
(Name of partnership, firm or corporation) III. Name of Client		Date April 18, 2017	
Political Contributions	on that is remortable no	mayont to DSA Cham	ter 664 paid on behalf of the
client/lobbyist and lobbying			ter 004 paid on behan of the
, , , ,		<i>O</i>	
Full name of candidate:	Hennessey	Martha	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	00	Office Candidate i	s Seeking Senate
		Office Candidate is Seeking Senate	
Full name of candidate:	Kahn	Jay	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	00	Office Candidate is	Seeking Senate
Amount of contribution \$ -55.			
If the contribution is an in-kind actual cost of the in-kind contri	contribution, provide a coutribution on the line above	description of the good for amount of contribution	ds or services provided, and enter the
If the contribution is an in-kind	contribution, provide a coutribution on the line above	description of the good for amount of contribution	ds or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contri	contribution, provide a coutribution on the line above	description of the good for amount of contribution	ds or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contri enter an estimated value and th	contribution, provide a coutribution on the line above	description of the good for amount of contribution	ds or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contri	contribution, provide a contribution, provide a contribution on the line above e word "estimate."	description of the good for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known, (Middle Name/Initial)

Date April 18, 2017 to RSA Chapter 664 paid on behalf of the Regina (Middle Name/Initial) ce Candidate is Seeking Senate ion of the goods or services provided, and enter the punt of contribution. If the actual cost is not know
Regina st Name) (Middle Name/Initial) ce Candidate is Seeking Senate ion of the goods or services provided, and enter the
Regina st Name) (Middle Name/Initial) ce Candidate is Seeking Senate ion of the goods or services provided, and enter th
st Name) (Middle Name/Initial) ce Candidate is Seeking Senate ion of the goods or services provided, and enter the
ce Candidate is Seeking Senate ion of the goods or services provided, and enter th
ion of the goods or services provided, and enter th
Villiam
st Name) (Middle Name/Initial)
ce Candidate is Seeking Senate
ion of the goods or services provided, and enter the bunt of contribution. If the actual cost is not know
oan (Middle Name/Initial)

Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)			I ALLEGA
III. Name of Client		Date April 18, 2017	
Political Contributions For each political contribution client/lobbyist and lobbying		•	oter 664 paid on behalf of the
Full name of candidate:		Bette	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	00	Office Candidate i	s Seeking Senate
		Tot amount of control	ution. If the actual cost is not know
enter an estimated value and the	e word "estimate."		ution. If the actual cost is not know
enter an estimated value and the	e word "estimate." Woodburn	Jeff	
Full name of candidate:	Woodburn (Last Name)		(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 250. If the contribution is an in-kind actual cost of the in-kind contri	Woodburn (Last Name) Contribution, provide a bution on the line above	Jeff (First Name)Office Candidate is	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter t
Full name of candidate: Amount of contribution \$ 250. If the contribution is an in-kind	Woodburn (Last Name) Contribution, provide a bution on the line above	Jeff (First Name)Office Candidate is	



STATE OF NEW HAMPSHIRE

	Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia				
II. Name of lobbyist's partn	ne of lobbyist's partnership, firm or corporation, if any:				
Legislative Solutions, L.L.C.					
	rship, firm or corporation)	··			
	, , , , , , , , , , , , , , , , , , ,		<u>.</u>		
III. Name of Client			Date April 18, 2017		
D-144 I C4-1141					
Political Contributions For each political contributio	on that is renewtable	mumouant to DCA Cham	ton 664 maid on hohalf aftha		
client/lobbyist and lobbying			oter 664 paid on benail of the		
enend loody ist and loody mg	inm, maicate the re	mownig.			
	ini 5. 190				
Eull name of sondidates	Morse	Chuck			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 500.0	00	Office Candidate i	s Seeking Senate		
Teal	4.11 41 11	1 6.1	ds or services provided, and enter the		
cities an estimated value and the	word estimate.				
enter an estimated value and the	e word estimate.				
enter an estimated value and the	e word estimate.				
	Ward	Ruth			
Full name of candidate:		Ruth (First Name)	(Middle Name/Initial)		
Full name of candidate:	Ward (Last Name)	(First Name)			
	Ward (Last Name)				
Full name of candidate: Amount of contribution \$ 250.0 If the contribution is an in-kind	Ward (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the		
Full name of candidate: Amount of contribution \$ 250.0 If the contribution is an in-kind actual cost of the in-kind contrib	Ward (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the		
Full name of candidate: Amount of contribution \$ 250.0 If the contribution is an in-kind actual cost of the in-kind contrib	Ward (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the		
Full name of candidate: Amount of contribution \$ 250.0 If the contribution is an in-kind actual cost of the in-kind contribution and the	Ward (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the		
Full name of candidate: Amount of contribution \$ 250.0 If the contribution is an in-kind actual cost of the in-kind contrib	Ward (Last Name) OO contribution, provide bution on the line above word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contributions.			

•	iership, firm or coi	poranon, n any.	
	ative Solutions, L.L.C	•	. S. L.
(Name of partnership, firm or corporation)			
III. Name of Client			Date April 18, 2017
Political Contributions For each political contribution client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	Gray	James	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	00	Office Candidate is	s Seeking Senate
enter an estimated value and the	e word estimate.		
	French	Harold	
		Harold (First Name)	(Middle Name/Initial)
Full name of candidate:	French (Last Name)		
	French (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	
Full name of candidate: Amount of contribution \$ 250. If the contribution is an in-kind actual cost of the in-kind contri	French (Last Name) 00 contribution, provide bution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate Is or services provided, and enter the

actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	e for amount of contribution. If the actual cost is not known,
since are commuted value and the word estimate.	
(If more than three contributions were made, report additional	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	hereby swear or affirm that the foregoing information and belief.
Q12/1/2	April 18, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	affirmation by Lobby ne and Expenses for:	•		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns	
	blank if Statement is fo		corporation and not related to	any —
Date of Report (check	one):			
April 26, 2017	July 26, 2017 🗆	October 25, 2017 □	January 31, 2018 □	
			nd Expenses described above, umber of Addendum forms be	
Addendum A	(s).			
Addendum Bo	(s).			
Addendum Bo	s).			
	rm that the foregoing in f my knowledge and be	lief.	nt and each Addendum is true 18, 2017	and
Signature of lobbyist) (/		(Date)	
Robert Clegg	<u> </u>			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	Affirmation by Lobby ne and Expenses for:	•	
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions
Name of Client (leave particular client):	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
Date of Report (check	one):		
April 26, 2017	July 26, 2017 🗆	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A	s).		
Addendum B(
Addendum C(s).		
	f my knowledge and bel	lief.	April 18, 3017 (Date)
Leann Moccia			